

County: **Cattaraugus**

New York State Department of Health AIDS Institute  
HIV Counseling and Testing Resource Directory 2004 [Januray 2006 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
<b>Cattaraugus County Health Department</b>  1 Leo Moss Drive Olean NY 14760 (716) 373-8050 www.cattco.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hour	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations.
<b>Olean General Hospital</b>  515 Main Street Olean NY 14760 (716) 375-7495 www.ogh.org	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hour	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	

**\*Table Key:** Language: Eng. - English  
Sp. - Spanish  
Fr. - French  
Cre. - Creole  
Chi. - Chinese  
Rus. - Russian  
ASL - Sign Language  
Oth. - Other Languages.  
Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.  
B. Free of charge or reduced fee based on client income.  
C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.  
E. Accept out-of-pocket payment.  
F. Other payment method. Contact provider for details.